



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

CMI INTOXYLIZER 5000 MAINTENANCE REPORT

received 1/18/14-cd

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED
By Carol Day at 11:54 am, Feb 05, 2014

INTOXILYZER 5000 SN 66009891 NAME OF AGENCY Sikeston DPS DATE OF INSPECTION 1-12-2014

LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Kingshighway, Sikeston, Mo 63801 TIME OF INSPECTION 2302

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

DVM TEST: (.350 ± .150) .379

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 01-12-2014 2302

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Buth LOT # 13290 EXP. DATE 10-21-2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN 502245 EXP. DATE 03-12-2014

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .100 TEST 2 .100 TEST 3 .099

PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	<input checked="" type="checkbox"/> 0-04	<input type="checkbox"/> 05-09	<input checked="" type="checkbox"/> 10-14	<input type="checkbox"/> 15-19	<input type="checkbox"/> Over .19
	<u>4</u>	<u>0</u>	<u>4</u>	<u>1</u>	<u>1</u>

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)
Operated within DH Guidelines

INSPECTING OFFICER
SIGNATURE [Signature] PRINT FULL NAME Casey Riddle
TYPE II PERMIT NUMBER/EXPIRATION DATE 220395 / 11-19-2014 TELEPHONE NUMBER 513-471-6200

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

**GUTH LABORATORIES, INC.**

859 NORTH 67th STREET • HARRISBURG, PA 17111-4211 • TELEPHONE: 717-664-8470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.
All balances are calibrated annually by an outside agency using NIST traceable weights.
Calibration verification is done prior to each use utilizing NIST traceable weights.*

THIS SIDE UP THIS EDGE IN FORM NUMBER 015010

017 01 0019
-23:50

017 00 004001
23:50:23
PARALLEL TEST
UNLIMITED - 177

Ma-Monagals
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Riddle
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXLYZER INSTRUMENT PRINTER CARD

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THIS SIDE UP THIS EDGE IN FORM NUMBER 015010

017 00 004001
INTOXLYZER - ALCOHOL ANALYZER
NO MODEL 3000 SA 60-88481
01/12/2014

TEST	TIME
AIR BLANK	23:53
CHL. CHECK	23:04
AIR BLANK	23:04
CHL. CHECK	23:04
AIR BLANK	23:05
CHL. CHECK	23:05
AIR BLANK	23:05

NO RFI PRESENT

Ma-Monagals
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Riddle
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXLYZER INSTRUMENT PRINTER CARD

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State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



CASEY RIDDLE

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 11/19/2012

Number 220395

Expires 11/19/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)